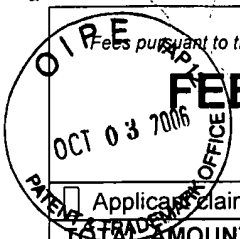
EXPRESS MAIL NO. EV719383941US



Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Complete if Known	
Application Number	10/680,536
Filing Date	October 7, 2003
First Named Inventor	Matthew Adams
Examiner Name	Sylvia MacArthur
Art Unit	1763
Attorney Docket No.	481062.409

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($)**2560**

METHOD OF PAYMENT (check all that apply)

☒ **Check** ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Charge any underpayments or credit any overpayments

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims		Extra Claims		Fee ($)		Fee Paid ($)
31	-20 or HP =	11	X	50	=	550

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims	
Fee ($)	Fee Paid ($)
_____	_____

Indep. Claims		Extra Claims		Fee ($)		Fee Paid ($)
4	-3 or HP =	1	X	200	=	200

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____	-100 =	_____	/50 =	_____ (round **up** to a whole number)	x _____	_____

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): Extension of Time (3 months)	1020
Request for Continued Examination	790
_____	_____

SUBMITTED BY

Signature	Eric M. Ringer	Registration No. (Attorney/Agent)	47,028	Telephone	206-622-4900
Name (Print/Type)	**Eric M. Ringer**			Date	October 3, 2006

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